

Title of research: The profile of patients admitted at Charles Hurwitz Tuberculosis Hospital in the Gauteng province

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ABSTRACT

Background

In the WHO report of 2009, South Africa is ranked amongst the 22 countries with the highest burden of tuberculosis (TB). These countries account for 80% of all estimated cases worldwide. South Africa is ranked 3rd amongst five countries with the highest incident cases in 2008, at 0.38 – 0.57 million. TB is a disease of poverty affecting mostly young adults in their most productive years. People living with HIV are also at a much greater risk. TB has been known to be a leading killer among people living with HIV who have weakened immune systems (Corbett, Marston, Churchyard, et al., 2006). In 2007, a total of 1.77 million people died from TB, including 1.75 million people with HIV equal to 4 800 deaths a day

In 2003, a study was conducted in Charles Hurwitz TB Hospital on the epidemiological profile of admitted patients. During the period, programmes like voluntary counseling and testing (VCT) and the antiretroviral (ARV) treatment programme were not yet in place. In the study it was found that the number of TB admissions had increased by 50% from 2001 up to 2003 and the case fatality rate of TB of the population studied was 27%. Patients were no longer presented with TB alone but were co-infected with HIV. The main recommendations of the study were integration of TB and HIV Programmes and monitoring of DOTS. These recommendations were implemented and this study will provide information on whether this has succeeded in improving services at the Hospital. The study will also provide an indication of whether the Hospital is adhering to the National Tuberculosis Control Programme (NTCP) guidelines for admissions and discharges.

Objectives

The aim of the study is to describe the profile of admitted adult patients at Charles Hurwitz TB Hospital. The objectives of the study are to describe the demographic profile, discharge outcomes and average length of stay of TB patients admitted during the study period, and to describe the adherence to the NTCP admission criteria at Charles Hurwitz TB Hospital.

Methodology

A cross sectional study based on retrospective record reviews for patients admitted between 1 January 2007 and 31 December 2008 at Charles Hurwitz TB Hospital was conducted. The study population included all adult patients admitted during the study period. The setting of this study was the adult wards at Charles Hurwitz TB Hospital. Data was collected on various variables that are relevant to the profile of admitted patients.

Findings

A total of 400 patient records were sampled over the two year period. The study indicates that the mean age of most patients were in the economically active age group of 37-38 years, while more males (63%) than females (38%) were admitted. Just over a fifth (22%) of the patients were employed while 5% of patients were receiving grants. Almost all of the admitted patients (93%) were HIV positive and the median CD4 count was 77 cells/mm³. Of the patients found to be eligible for antiretroviral therapy, only 34% were actually on treatment. The majority of patients were referred back to tertiary institutions for care (60%), while 28% of patients died after the admission. Most of the patients (86%) met the NTCP admission criteria if HIV status with a CD4 counts of less than 200 cells/mm³ and social circumstances were taken into account.

Conclusion

The study revealed problems with the management of TB patients in the hospital, for example very few patients who were eligible for antiretroviral therapy actually received treatment, and very few patients were on grants. Also of concern is that many patients were referred back to tertiary institutions for further care, although almost all of them were admitted in a stable condition. These problems would need to have been addressed in the future. However, during the study period, the hospital was closed by the Gauteng Department of Health and Social Development. This then raises concerns regarding the management of TB patients in general hospitals.